PTO/SB/17 (05-07)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						60-Conf. #7155		
FEE TRANSMITTAL			Filing Date	0				
			First Named Inventor		Werner Gehringer			
For FY 2007			Examiner Name S. M. Noakes		. M. Noakes			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1656					
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No. 37998-237519					
METHOD OF PAYME	NT (check all t	hat apply)				····		
Check Credit	Card N	Money Order No	ne Other	(please identi	fy):			
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP								
For the above-ide	entified deposit	account, the Director is	s hereby authoriz	ed to: (check	all that apply)			
Charge fee	(s) indicated bel	low	Charg	ge fee(s) indi	cated below, e	xcept for th	e filing fee	
	additional fee(s	s) or underpayments o	of X Credit	t any overpa	yments			
FEE CALCULATION	7 07 01 11 11 10	and r. ir						
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES						
	FILIN	G FEES SE Small Entity	ARCH FEES Small Entity		ATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee (\$		Fee (\$)	Fee (\$)	Fees P	Paid (\$)	
Utility	300	150 500		200	100			
Design	200	100 100		130	65 80			
Plant	200	100 300		160	80			
Reissue	300	150 500		600 0	300 0			
Provisional	200	100 0	0	U	U		Casall Endid	
2. EXCESS CLAIM FEES Fee Description)					Fee (\$)	Small Entit Fee (\$)	
Each claim over 20 (incl	uding Reissues)				50	25	
Each independent claim	-		1			200	100	
Multiple dependent clain	•	,				360	180	
Total Claims Ext	ra Claims F	Fee (\$) Fee	Paid (\$) Mul		ultiple Dependent Claims			
- 20 =	x _			Fee	(\$)	Fee Paid (\$	3	
HP = highest number of total	claims paid for, if g	reater than 20.					_	
Indep. Claims Ext	ra Claims F		Paid (\$)					
-3=	X	=						
HP = highest number of indep	·	nor, ir greater than 5.						
	drawings excee R 1.52(e)), the	application size fee do	ue is \$250 (\$125	for small en)	
sheets or fraction the	reof. See 35 U	J.S.C. 41(a)(1)(G) and				_		
Total Sheets	Extra Sheets	/50 =	additional 50 or fra round up to a wh			Fee I	Paid (\$)	
3. OTHER FEE(S) Non-English Specific						Fees	Paid (\$)	
Other (e.g., late filing			want)					
SUBMITTED BY	L 2 0		Registration No.	54 262	Telephone	/202\ 24	4-4000	
ignature Zavid	to B. Lepp	نہ	(Attorney/Agent)	54,262	Telephone	(202) 34	4-4 000	

SUBMITTED BY							
Signature	Karita B. Leppin	Registration No. (Attorney/Agent)	54,262	Telephone	(202) 344-4000		
Name (Print/Type)	Kavita B. Lepping			Date	May 31, 2007		

Docket No.: 37998-237519

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Werner GEHRINGER et al.

Appln. No. 10/533,160

Filed: October 12, 2005

For: PREKALLIKREIN DEPLETED PLASMA

DERIVED ALBUMIN FRACTION

Confirmation No.: 7155

Art Unit: 1653

Examiner: To Be Assigned

Atty. Docket No. 37998-237519

Customer No. 26694 PATENT TRADEMARK OFFICE

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement as set forth in the Office Action of May 1, 2007, Applicants elect Group I. Group I contains claims 1, 2, 5 and 9-11, drawn to a method of manufacturing an albumin enriched fraction having reduced prekallikrein activator content. Claims 1, 2, 5 and 9-11 read on the elected invention.

It is not believed that any fees are due with the filing of this paper. In the event that any such fees are due, the Office is authorized to charge deposit account no. 22-0261 and notify the undersigned accordingly.

Dated: May 31, 2007

Respectfully submitted,

Kavita B. Lepping

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